Exhibit A

Table Denoting Differences Between Competing Proposed Plaintiff Profile Forms

Category of Information ¹	Information Provided in PSC's Proposal ²	Information Provided in TN Def.'s Proposal ³	Information Provided in STE's Proposal ⁴
	·	· .	•
Length of Profile Form	10 pages	14 pages ⁵	18 pages
	28 questions	50 questions	58 questions
	2 doc. requests	4 doc. requests	9 doc. requests
A. Timeframe	5 year timeframe ⁶	10 year timeframe	10 year timeframe
B. Basic Demographic	No information	#s 16-19	#s 18-21
Information		Disclose:	Disclose:
		Last 4 digits of SSN	1. Full SSN
		2. Date and Place of	2. Date and Place of
		Birth	Birth
		3. Gender	3. Gender
		4. Driver's License No.	4. Driver's License No.
		and Issuing State	and Issuing State
C. Other Lawsuits	No information	#s 4, 14	#s 4, 15
		Identify:	Identify:
		1. Other Suits Filed re:	1. Other Suits Filed re:
		NECC Products	NECC Products
		2. Previous Personal	2. Previous Personal
		Injury Suits	Injury Suits

¹Each row is labeled with the corresponding subsection of the Tennessee Defendants'

contemporaneously-filed Response addressing the questions at issue.

² The numbers following the "#" correspond to the relevant question numbers from the PSC's proposed profile form.

The numbers following the "#" correspond to the relevant question numbers from the Tennessee Defendants' proposed profile form.

⁴ The numbers following the "#" correspond to the relevant question numbers from the Saint Thomas Entities' proposed profile form.

⁵ The Tennessee Defendants added some spacing to their proposed form to improve formatting which adds at least a page to it. When formatted like the other two proposed profile forms, the Tennessee Defendants' proposed profile form is 14 pages long. See, e.g., pages 6, 13 of the Tennessee Defendants' proposed profile form.

Except for two questions, #s 9, 22.

ח	Illnesses Allegedly	No information	#s 31-36	#s 38-43
5.	Caused by NECC	110 momation	Disclose:	Disclose:
	MPA		1. Symptoms	1. Symptoms
	IVIFA			Experienced
			Experienced	Whether Injury was
			2. Whether Injury was	• •
			Diagnosed by	Diagnosed by
			Physician	Physician
			3. Whether Physician	3. Whether Physician
			Said NECC MPA	Said NECC MPA
			Caused Injury	Caused Injury
			4. Aggravation of	Aggravation of
			Preexisting Condition	Preexisting Condition
E.	Communications re:	No Information	# 38, doc. requests 3, 4	# 45, doc. requests 5, 8
	NECC Products		Describe:	Describe:
			1. Conversations re:	 Conversations re:
			NECC Product with	NECC Product with
			Health Care	Health Care
			Providers	Providers
			Produce:	Produce:
			2. Warnings re: NECC	2. Warnings re: NECC
			Products	Products
F.	Loss of Income	# 4	#s 5, 7	#s 5, 7
		Disclose:	Disclose:	Disclose:
		1. Total Amount of	1. Total Amount of	1. Total Amount of
		Income Lost	Income Lost	Income Lost
			2. Explanation of	2. Explanation of
				I
			Calculation of Total	Calculation of Total
			Calculation of Total	Calculation of Total
			Lost Income	Lost Income
			Lost Income 3. Current Annual	Lost Income 3. Current Annual
			Lost Income 3. Current Annual Income	Lost Income 3. Current Annual Income
			Lost Income 3. Current Annual Income 4. Annual Income at	Lost Income 3. Current Annual Income 4. Annual Income at
			Lost Income 3. Current Annual Income 4. Annual Income at Time of Injury	Lost Income 3. Current Annual Income
			Lost Income 3. Current Annual Income 4. Annual Income at Time of Injury 5. Whether Income	Lost Income 3. Current Annual Income 4. Annual Income at
G	Loss of Consortium	No information	Lost Income 3. Current Annual Income 4. Annual Income at Time of Injury 5. Whether Income Loss is Ongoing	Lost Income 3. Current Annual Income 4. Annual Income at Time of Injury
G.	Loss of Consortium	No information	Lost Income 3. Current Annual Income 4. Annual Income at Time of Injury 5. Whether Income Loss is Ongoing #s 23, 25	Lost Income 3. Current Annual Income 4. Annual Income at Time of Injury #s 23, 25
G.	Loss of Consortium	No information	Lost Income 3. Current Annual Income 4. Annual Income at Time of Injury 5. Whether Income Loss is Ongoing #s 23, 25 Disclose:	Lost Income 3. Current Annual Income 4. Annual Income at Time of Injury #s 23, 25 Disclose:
G.	Loss of Consortium	No information	Lost Income 3. Current Annual Income 4. Annual Income at Time of Injury 5. Whether Income Loss is Ongoing #s 23, 25 Disclose: 1. Whether Claiming	Lost Income 3. Current Annual Income 4. Annual Income at Time of Injury #s 23, 25 Disclose: 1. Whether Claiming
G.	Loss of Consortium	No information	Lost Income 3. Current Annual Income 4. Annual Income at Time of Injury 5. Whether Income Loss is Ongoing #s 23, 25 Disclose: 1. Whether Claiming Loss of Consortium	Lost Income 3. Current Annual Income 4. Annual Income at Time of Injury #s 23, 25 Disclose: 1. Whether Claiming Loss of Consortium
G.	Loss of Consortium	No information	Lost Income 3. Current Annual Income 4. Annual Income at Time of Injury 5. Whether Income Loss is Ongoing #s 23, 25 Disclose: 1. Whether Claiming Loss of Consortium 2. Who is Claiming Loss	Lost Income 3. Current Annual Income 4. Annual Income at Time of Injury #s 23, 25 Disclose: 1. Whether Claiming Loss of Consortium 2. Who is Claiming Loss
G.	Loss of Consortium	No information	Lost Income 3. Current Annual Income 4. Annual Income at Time of Injury 5. Whether Income Loss is Ongoing #s 23, 25 Disclose: 1. Whether Claiming Loss of Consortium 2. Who is Claiming Loss of Consortium	Lost Income 3. Current Annual Income 4. Annual Income at Time of Injury #s 23, 25 Disclose: 1. Whether Claiming Loss of Consortium 2. Who is Claiming Loss of Consortium
G.	Loss of Consortium	No information	Lost Income 3. Current Annual Income 4. Annual Income at Time of Injury 5. Whether Income Loss is Ongoing #s 23, 25 Disclose: 1. Whether Claiming Loss of Consortium 2. Who is Claiming Loss of Consortium 3. Spouse's Date of	Lost Income 3. Current Annual Income 4. Annual Income at Time of Injury #s 23, 25 Disclose: 1. Whether Claiming Loss of Consortium 2. Who is Claiming Loss of Consortium 3. Spouse's Date of
G.	Loss of Consortium	No information	Lost Income 3. Current Annual Income 4. Annual Income at Time of Injury 5. Whether Income Loss is Ongoing #s 23, 25 Disclose: 1. Whether Claiming Loss of Consortium 2. Who is Claiming Loss of Consortium	Lost Income 3. Current Annual Income 4. Annual Income at Time of Injury #s 23, 25 Disclose: 1. Whether Claiming Loss of Consortium 2. Who is Claiming Loss of Consortium

H. Personal Medical	# 23	# 44	# 52
History	Disclose:	Disclose:	Disclose:
	Myocardial infarction	High cholesterol	High cholesterol
	(MI) or heart attack,	2. Hypertension/high	2. Hypertension/high
	2. Hypertension	blood pressure	blood pressure
	3. Stroke	3. Diabetes	3. Diabetes
	4. Diabetes	4. Neuropathy	4. Diabetes
	5. Cirrhosis	5. Thyroid disorder	5. Neuropathy
	6. Congestive heart	6. Arthritis/joint pain	6. Thyroid disorder
	failure	7. Chronic pain	7. Arthritis/joint pain
	7. Hepatitis	8. Autoimmune disease	8. Chronic pain
	8. Chronic obstructive	(including HIV, AIDS,	9. Autoimmune disease
	pulmonary disease	or Crohn's disease)	(including HIV, AIDS,
	(COPD)	9. Myocardial infarction	or Crohn's disease)
	9. Arteriosclerosis	(MI), heart attack, or	10.Congestive Heart
	10. Kidney Failure-Acute	other heart disease	Failure
	Renal Failure, ESRD	10. Stroke or transient	11.Myocardial infarction
		ischemic attacks	(MI), heart attack, or
		(TIAs)	other heart disease
		11. Chronic obstructive	12.Stroke or transient
		pulmonary disease	ischemic attacks
		(COPD) or other	(TIAs)
		respiratory disease	13.Chronic obstructive
		12.Liver disease or	pulmonary disease
		jaundice	(COPD) or other
		13. Metabolic syndrome	respiratory disease
		14. Enlarged prostate	14.Liver disease or
		15. Arteriosclerosis	jaundice
		(hardening of the	15.Metabolic syndrome
		arteries) or other	16.Enlarged prostate
		vascular disease	17.Arteriosclerosis
		16.Osteomyelitis	(hardening of the
		17. Spinal abscess	arteries) or other
		18. Cirrhosis	vascular disease
		19. Hepatitis	18.Osteomyelitis
		20. Kidney failure (end	19.Spinal abscess
		stage renal failure,	20.Cirrhosis
		dialysis)	21.Hepatitis
		21. Depression	22.Kidney failure (end
			stage renal failure,
			dialysis)
			23.Depression

Π.	Family Medical	No information	# 26	#s 29, 30
''	History	140 IIIIOIIIIAIIOII	Disclose:	Disclose:
	riistory		1. Illness ⁷	1. Illness ⁸
			1. 1111633	2. Family Member
				3. Date of Death
-	Cultipata in a a Albarra	NIa information	#= 40, 40	4. Cause of Death
J.	Substance Abuse	No information	#s 42, 43	#s 49, 50
			Disclose:	Disclose:
			1. Only Periods of	1. Any Alcohol Use
			Regular Drug Use	2. Any Drug Use
			2. Only Periods of	
			Alcohol Use	
			Exceeding 10 Drinks	
			per Week	
K.	Identification of	# 26	# 47	#s 55, 57
	Treating Health Care	Identify:	Identify:	Identify:
	Providers	Physicians Only	All Health Care	All Health Care
		2. Address	Providers	Providers
		3. Dates of Treatment	2. Address	2. Address
			3. Dates of Treatment	3. Dates of Treatment
			4. Diagnosis &	
			Treatment	
L.	Medication Use	No information	# 23	# 53
			Medications used:	Medications used:
			1. Pain Relievers	Pain Relievers
			2. Disease-Modifying	2. Insulin or Glucose-
			Agents/Fungal	Lowering Agents
			Medications	3. Lipid-Lowering
			3. Steroids	Agents
			4. Injectable	4. Disease-Modifying
			Medications	Agents/Fungal
				Medications
				5. Steroids
				6. Injectable
				Medications
M.	Disability and	#s 5, 6	#s 9-13	#s 9-13
	Workers' Comp.	Disclose:	Disclose:	Disclose:
	2e. 3 ep.	Disability/WC Benefits	Disability/WC	Disability/WC
		Received	Benefits Received	Benefits Received
		2. Year	2. Year	2. Year
		Nature of Disability	Nature of Disability	3. Nature of Disability
		o. Nature of Disability	4. Length of Disability	4. Length of Disability
			T. Length of Disability	T. Lerigin of Disability

The illnesses that must be disclosed are the same as those listed in Row H immediately above.
 The illnesses that must be disclosed are immune disorders (e.g., HIV, AIDS,), autoimmune disorders (Crohn's disease, lupus, etc.), arthritis/joint pain, chronic pain, diabetes, heart attack, cardiac disease, high cholesterol, high blood pressure, blood clots, coronary artery disease, congestive heart failure, deep vein thrombosis, vascular disease, transient ischemic attack, or stroke.

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N.	Lienholders	#7	# 15	# 16
		Disclose:	Disclose:	Disclose:
		1. Name of Lienholder	 Name of Lienholder 	Name of Lienholder
			2. Address of	2. Address of Lienholder
			Lienholder	
Ο.	Mental Health	#s 18, 19	# 37	# 44
	Treatment	Disclose:	Disclose:	Disclose:
		Name of Treatment	Name of Treatment	Name of Treatment
		Provider	Provider	Provider
		2. Condition	2. Dates of Treatment	2. Dates of Treatment
			3. Address	3. Address
			4. Diagnosis and	4. Diagnosis and
			Treatment	Treatment
P.	Autopsy Report	Not Required	Doc. request # 2	Not Required